



KHYBER TEACHING HOSPITAL (MTI) PESHAWAR

APPLICATION FOR THE POST OF

1. Name _____ 2. Father's Name _____

3. Date of Birth _____ 4. Domicile _____

5. N.I.D.Card No. _____ 6. Phone No. i) Cell No. _____

ii) Res. PTCL _____

iii) Any other contact

No. _____

iv) Email: _____

7. Permanent Address _____

8. Mailing Address _____

9. Present posting if any _____

10. EDUCATIONAL QUALIFICATION

<u>S.No.</u>	<u>Qualification</u>	<u>Name of Institution</u>	<u>Year</u>	<u>Award if Any</u>
<u>1</u>	BDS/MBBS			
<u>2</u>	<u>F.C.P.S</u>			

11. Experience before postgraduate qualification (in the relevant speciality)

S.No	Designation	Institute/Hospital/Unit	From	To	Total stay

(2)

12. EXPERIENCE AFTER POSTGRADUATE QUALIFICATION (in the relevant speciality)

S.No	Designation	Institute/Hospital/Unit	From	To	Total stay.

12. Research Papers:

S.No.	Title of research paper/article	Name of Journal with year, Vol. No., page No.	Authorship whether 1st, 2 nd , 3 rd , 4 th so on
1			
2			
3			
4			
5			

Signature of the Applicant

Note: Application form must be filled completely and should accompany copies of all necessary documents, research papers etc; otherwise application form will not be entertained.